

Garrett County Intended Use Plan

Garrett County
Project for Assistance in Transition from Homelessness
(PATH) Intended Use Plan
Federal Fiscal Year 2010 (State Fiscal Year 2011)

- 1. Provide a brief description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

The Garrett County Core Service Agency (GCCSA) is the agency which will receive the PATH funds. The Garrett County Core Service agency is responsible for management of publicly funded mental health services as well as the monitoring of contracts for services not reimbursed through the public mental health system's fee for service matrix. The PATH funds will serve the entire Garrett County region. Garrett is the second largest county in the state, covering 657 square miles. Garrett County has a population of approximately 30,000. The geography is mostly rural, with rough terrain and narrow roads. The neighboring towns of Oakland, Mountain Lake Park, and Loch Lynn are the largest population center with 4,948 residents. There are two high schools in the county which are both designated 1-A, the smallest of Maryland's four categories.

- 2. Indicate the number of PATH funds the organization will receive.**

The GCCSA will receive \$24,500 in Federal PATH Funds. Since the implementation of PATH, a greater number of individuals have been assisted with housing services. There has been additional assistance by having mental health grant funds to provide services in the local Detention Center and referring individuals who are homeless upon release for PATH services. Also, a Trauma Specialist is working in the Adult Probation/Parole Department and works closely with the PATH services to better address the housing needs of parolees with trauma related issues.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. Projected number of clients to be served in FFY 2010** is 29. The estimated percentage of PATH clients to be literally homeless is 21%.
- b. Services to be provided** will include outreach and in-reach; improving housing coordination and planning; referrals to mental health and/or substance abuse screening and diagnostic services; case management; referrals for job training, relevant housing services and technical assistance in applying for housing assistance programs and other entitlements; rent payment to avoid evictions; and security deposits.

Federal PATH funds are used in our organization to support our Housing Specialist who implements GCCSA's Emergency Motel/Food Program and other housing related concerns for eligible clients. The Emergency Motel/Food Program provides up to four nights of shelter and food for the client. During the time in the motel, the client and GCCSA Housing Specialist work together and with other agencies in order to obtain more adequate transitional and/or permanent housing.

- c. **Community organizations that provide key services (e.g., primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.**

Agencies that provide services and housing to PATH-eligible clients are:

Department of Social Services: providing Temporary Cash Assistance, Temporary Disability Program, food stamps, very limited housing assistance for families or single individuals who have children;

Garrett County Community Action Committee, Inc.: this agency serves as the local housing authority, although does not have the official designation of an independent housing authority through HUD Federal guidelines. This agency does have emergency housing services for homelessness or to prevent homelessness, providing a rental assistance program for those with a verifiable income and meeting other eligibility criteria (supportive housing vouchers; Section 8), and maintaining a current listing of available apartments most PATH clients are eligible for. GCCSA has access to the ServicePoint housing tracking program;

Garrett County Lighthouse, Inc.: operating a Residential Rehabilitation Program and a Residential Crisis Program, as well as a Psychiatric Rehabilitation Program;

Garrett County Center for Behavioral Health: provides mental health and substance abuse treatment services to inmates in the Garrett County Jail as well as a Mental Health Outpatient therapy program and Substance Abuse Program;

Healthy Families: provides preventative support services to families;

Adult Evaluation Services/Western MD Prescription Program: provides short term medication assistance and evaluations for adult population with emphasis on the geriatric population;

Burlington United Methodist Family Services: provides case management for clients not fully engaged in necessary psychiatric/medical services;

The DOVE Center: provides shelter services for women and their children who are victims of domestic violence, individual and group support sessions are conducted, and court liaison services are provided. There is also a homeless women's program operated through the DOVE Center.

The Mental Health Center of Western Maryland: provides outpatient mental health and psychiatric rehabilitation services. Services are focused on the Northern end of Garrett County.

Local and area hospitals: Garrett Memorial Emergency Room as well as Western Maryland Regional Medical Center and the Thomas B. Finan Center in Cumberland, Maryland have become more involved in contacting the GCCSA for assistance in placing individuals who will be homeless at discharge.

The coordination with the previously mentioned agencies relates to Goal 1 and Goal 6 of the Federal Mental Health Transformation Goals.

Harvey House: serves as the wellness and recovery center for individuals who have a mental illness in Garrett County. The center promotes activities which reinforce a lifestyle of progressive independence as determined by the individual.

- d. **Gaps in the current service system**

Some of the current and anticipated gaps in mental health services are: transportation, enhancing co-occurring treatment, availability of psychiatrists, and no local inpatient de-tox services. Other needed services include: affordable housing (both rental and purchasing),

transitional/homeless living options, affordable single living units, housing for the transitional age youth and high need adults who have a severe and persistent mental illness.

e. Services available for clients who have both a serious mental illness and substance use disorder.

Needs of homeless consumers with co-occurring serious mental illness and substance use disorders will be met through the Garrett County Center for Behavioral Health and collaborating with Allegany County providers as needed:

- i. Joint treatment planning of mental health and addictions will be continuing. Acudetox in conjunction with outpatient treatment is beginning its second year in Garrett County. Co-occurring treatment is a priority for the Garrett County Drug Free Communities Coalition (formerly: GC Drug and Alcohol Abuse Council) as there is representation from a variety of community/state agencies including: Substance Abuse, Mental Health, Social Services, Judicial, Police, Consumers, Clergy, and GCCSA.
- ii. Utilization of inpatient de-tox beds at Sacred Heart Hospital's psychiatric ward. This is located in Allegany County.
- iii. Referrals to Safe Harbor or Compass House, the residential crisis shelters in Garrett and Allegany counties, if appropriate. Safe Harbor has been closed since August 2009. The Safe Harbor facility may be reopening in state fiscal year 2011.
- iv. Referrals to the Allegany County Half-Way House, if appropriate.

f. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

The following strategies are utilized to obtain housing for PATH eligible clients. Interdisciplinary team meetings are conducted if clinically necessary. In effect, the PATH program through GCCSA serves as the homeless shelter for persons and families who are homeless and suffer from a serious mental illness. GCCSA uses state funding, which are consumer support funds, for the motel rooms and meals. The necessary releases of information, documentation and referrals are the responsibility of the GCCSA Housing Specialist. GCCSA assists with the security deposits as long as PATH clients have a verifiable source of income. Garrett County Community Action Committee, Inc. will provide the first month's rent to PATH clients when an apartment is found and secured. The Housing Specialist takes part in referring the PATH client to Garrett County Community Action Committee, Inc. for the three supportive housing programs. The three supportive housing programs are from a HUD grant. Garrett County Community Action Committee, Inc. has GCCSA serving as an agency partner. The grants can provide permanent housing for PATH clients. The number of vouchers will vary each year based upon the rent amounts paid and consumer income. The Housing Specialist collaborates closely with the Detention Center Staff, Garrett County Lighthouse, Inc., the Garrett County Health Department Mental Health Clinic, and other providers of mental health services in determining the needs and plans for the homeless population.

Garrett County Community Action Committee, Inc. opened up a transitional living facility in June 2007. The lack of a transitional living facility has been identified for several years. Although not serving as a homeless shelter, the facility, Rose Terrace, has seven rooms with shared entertainment, kitchen and bathing areas. Two of the rooms are double occupancy.

4. **Describe the participation of PATH local providers in HUD Continuum of Care Program and any other local planning, coordinating or assessment activities.**

The GCCSA will coordinate PATH funds with the above organizations and provide services through GCCSA's Housing Specialist and Adult Coordinator by collaborating with the Garrett County Roundtable on Homelessness. The Roundtable is a partnership with numerous local agencies and organizations that was formed to focus on the issues of homelessness. The Garrett County Core Service Agency is an active participant on this committee. GCCSA will be participating in a community meeting to discuss the application for new housing vouchers through the Federal NOFA. This meeting is scheduled to take place in April 2010 (State Fiscal Year 2010).

5. **Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.**

The majority of PATH eligible clients can be grouped into the 18-34 and 35-49 age groups. The GCCSA staff, serving eligible clients, are within the previously mentioned age groups. Additionally, the majority of other agencies staff persons involved in serving homeless individuals and families are within the same age categories. There are very few racial/ethnic differences in Garrett County. The staff of GCCSA and other agency staff, involved in addressing the needs of the homeless individuals and family members, are reflective of few racial/ethnic differences in the county. The 2000 U.S. Census data indicated Garrett County's white population to be 98.5%. During the past two years, 100% of the PATH clients served have been white. On occasion, clinical issues of the eligible PATH clients have necessitated the GCCSA staff to request a referring agency staff person be part of the intake meeting. This typically occurs if there are current issues of abuse, domestic violence, or issues related to working with the opposite gender. There have not been any language or hearing differences to date. However, if this should occur, GCCSA will utilize the available CTS Language Link services. Additionally, the Garrett County Health Department does have staff available for individuals who speak Spanish as well as for individuals who utilize Sign Language.

There does seem to be stigma related to individuals and/or families of individuals who have a mental illness when in the process of accessing housing services. GCCSA staff receives periodic training addressing cultural competency and equal access compliance. Housing discrimination is also discussed in the Garrett County Roundtable on Homelessness meetings. Representatives from rental agencies attend to provide an explanation on the process of meeting with individuals who are facing eviction due to violations of rental/lease agreements. Addressing the issue of equal access to rental properties incorporates Goal 3 of the Federal Mental Health Transformation Goals.

6. **Describe how homeless consumers and their family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. For example, are homeless consumers employed as staff? Do homeless consumers serve on the governing or formal advisory boards?**

GCCSA will involve consumers and family members in the planning, implementation, and evaluation of PATH-funded services. This is accomplished by seeking the support from family, if known, and assisting the Housing Specialist with possible linkages to family support services outside of housing

needs. The GCCSA Housing Specialist will invite the children to attend the intake aspect of determining PATH eligibility. With appropriate Release of Information forms, Parents/Legal Guardians of adult clients are included throughout the planning, implementation, and evaluation stages. GCCSA staff will continue attending meetings in the state of Maryland which focus on housing services for individuals who are homeless and have a serious mental illness. PATH eligible clients have participated on and continue to be involved with the Garrett County Mental Health Advisory Board. The services in this area relate to Goal 2 of the Federal Mental Health Transformation Goals.

7. Provide a budget narrative that provides details regarding PATH Federal and match (i.e., State and local) funds.

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED SALARY	TOTAL
Position Number 1	\$35,719	0.34	\$12,598	\$12,598
Fringe	\$6,249		\$3,150	\$9,399
Travel	\$0		\$0	\$0
Equipment	\$0		\$0	\$0
Supplies	\$0		\$0	\$0
Contractual	\$0		\$0	\$0
Construction	\$0		\$0	\$0
Other/	\$9,540		\$8,752	\$18,292
Total Direct Costs	\$26,634		\$24,500	\$40,289
Indirect Cost	\$0		\$0	\$0
TOTALS	\$26,634	0.34	\$24,500	\$40,289

8. Indicate at least three outcome goals you will use to measure the effectiveness of PATH funded services (State Requirement).

The following performance outcomes are listed as follows and involve Goal 5 of the Federal Mental Health Transformation Goals:

- a. Housing Specialist will provide outreach/inreach to all persons referred to GCCSA and will check areas of the county where homeless individuals have been known to loiter in an attempt to engage individuals in PATH funded services and necessary treatment.
 - 1) 50% of PATH eligible clients will attend mental health treatment (i.e.: therapy, psychiatric day treatment, substance abuse treatment)
 - 2) 80% of PATH eligible clients will be referred to Garrett County Community Action for housing services.

- b. Refer the co-occurring client for treatment for integrated treatment at the Health Department's Mental Health and Addiction programs.
 - 1) 75% of PATH eligible clients with a substance addiction history will attend an addictions intake at the Garrett County Health Department.
 - 2) 50% of those PATH eligible clients who attend the intake appointment and are recommended for addictions treatment will follow through with treatment.
- c. Housing Specialist will utilize state mental health funds (GCCSA Client Support Dollars) to provide supportive services for transitions from homelessness to independent housing, as evidenced by consumers receiving food, medication, assisting with security deposit, rent to avoid eviction.
 - 1) 50% of PATH eligible clients will be placed in independent housing as a result of utilizing client support dollars.
 - 2) 80% of the PATH eligible clients will access client support funds that prevent further intensive services, such as, emergency room crisis visits and acute psychiatric hospitalizations.
- d. Housing Specialist will collaborate with all necessary organizations and agencies for all PATH eligible clients who are released from the detention center and are in need of housing services.
 - 1) 50% of all inmates determined to be PATH eligible will obtain temporary shelter and maintain involvement in all treatment services.
 - 2) 50% of PATH eligible clients on probation/parole will obtain traditional housing.

Harford County Intended Use Plan

CORE SERVICE AGENCY OF HARFORD COUNTY, INC
PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESS (PATH)
INTENDED USE PLAN
FEDERAL FISCAL YEAR 2010
STATE FISCAL YEAR 2011

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by that organization and region served.**

The name of the local organization that will receive the PATH funds is the Harford County Mental Health Authority. The agency in partnership with the Mental Hygiene Administration and the Administrative Service Organization is responsible for assessing service needs, planning and developing services, monitoring service delivery and utilization, and coordinating services. The Mental Health Authority will contract funds to Alliance, Inc. Case Management. The Case Management program is a part of the larger private non-profit agency of Alliance, Inc. The organization will serve the entire Harford County, Maryland area. The Population of that area is about 250,000. Harford County is located about twenty-five miles north of Baltimore City. It is estimated that there are 250 individuals in the county without a home. The county includes areas that are suburban in nature and areas that are rural.

- 2. Indicate the amount of PATH funds the organization will receive.**

The organization will receive \$71,524.00 in PATH funds.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including: The plan to provide coordinated and comprehensive services to eligible PATH clients is the following:**

- a) **The projected number of enrolled clients who will receive PATH-funded services in FY2010. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e. living outdoors or in an emergency shelter rather than at imminent risk of homelessness).**

The projected number of clients to be served is 95. It is estimated that (65%) percent of the individuals will be served in the shelter or street setting will be "*literally homeless*".

- b) **Services to be provided, using PATH funds.**

The services that will be provided are: 1.Homeless outreach that includes a team member, who works as a consumer advocate to engage individuals in the homeless shelter system, provides outreach to individuals that are not in the shelter system but have a mental illness and are homeless. 2. Substance abuse treatment to individuals with a mental illness and a substance abuse disorder using an assertive community treatment model as the basis of providing flexible, responsive, available, and accessible services to those within the shelter

system and those who have not engaged in the shelter system (are living outside). 3. Case management services to individuals who have a mental illness and are homeless. These services include assessment, planning and linkage to resources in the community.

- c) **Community organizations that provide key services (e.g. primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.**

The major community organizations that provide key services are: Harford County Department of Social Services (emergency shelter and case management), Harford County Government Department of Community Services coordination of care and continuum of care planning), Faith Communities and Civic Agencies United (shelter system), Community Action Agency (food and fuel), Key point Health Services (mental health services), Alliance, Inc. (mental health services), Catholic Charities (housing), Harford Family House, Inc., (housing), Schreffler House (shelter), Shelter plus Care (housing and case management), Mental Hygiene Administration through the Mental Health Authority (client support funds, forensic and case management funds). The coordination of these organizations occurs during the meetings of the Harford Roundtable. The Harford Roundtable group consists of the organizations named above and meets every other month for the purpose of coordination of services, resource and information sharing and writes the Continuum of Care Plan.

- d) **Gaps in the current system.**

The gaps identified in the current service system: lack of affordable permanent housing, transportation and treatment for substance abuse.

- e) **Services available for clients who have both a serious mental illness and a substance use disorder.**

As part of the assessment and service planning process, the Homeless Outreach Case Manager would identify substance abuse issues and the need for treatment. Assertive community treatment to individuals with co-occurring disorders in both the shelter system and those who are without a home but have not engaged in the shelter system (and are living outside) would be provided. Flexible, responsive, available, and accessible services would be provided in the shelter and in the community. These services are provided by a team that will include a consumer advocate. As these individuals move from not having a home to obtaining housing, and symptoms of their illnesses are stabilized, they would be linked to the current providers. We have two providers who offer a dual diagnosis program through their psychiatric rehabilitation program, and one provider that offers such programming through the residential program. Other substance abuse treatment services can be accessed through the Health Department and other Substance Abuse Treatment Providers in the community.

- f) **Strategies for making suitable housing available to PATH clients (e.g. indicate the type of housing usually provided and the name of the agency that provides such housing.**

Strategies for making suitable housing available to PATH clients include: A referral is made to the Alliance Case Management Team. The case manager assesses the needs of the individual, to include housing needs, and offers homeless outreach services. A service plan is completed, which includes the plan to obtain housing for the individual. Appropriate referrals are made and followed. Housing referrals could include S+C, Mainstream, Housing Choice, SHP, Main Street (On Our Own), Bridge Subsidy, residential placement, and care providers, other transitional and permanent housing programs. The homeless outreach case manager would work closely with other members of the treatment team in the above steps to providing linkages to housing resources.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The primary vehicle in Harford County for coordination of care between the local PATH providers and the HUD Continuum of Care is the Harford County Roundtable. This Roundtable and its subcommittees meet throughout the year; all of the providers listed in this Intended Use Plan participate in the larger roundtable and the committees. Other organizations are invited to attend as the need is indicated. The meeting is chaired by the individual from county government who is a part of the team responsible for writing the Continuum of Care Plan for the county and coordinating services to the homeless population of the County. In addition, the provider will work with all of the identified agencies directly. The identified agencies may serve as the referral source or may have resources that may be accessed by the provider in support of the individual without a home. The identified agencies and the provider will work together toward the goal of ending homelessness in the County. The provider presently has a relationship with all of the identified agencies. That relationship has increased in intensity with the use of PATH funds.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which the staff will receive periodic training in cultural competence.

The demographics of the proposed service area are: Approximately 75% of the individuals are male, 57% are Caucasian and 43% are African American, 25% are between the ages of 18 and 24; 64% between the ages of 35 and 49 and 11% are between the ages of 50 and 64. The staff providing the services to the target population is employed by the organization of Alliance, Inc. The agency requires that staff participate in Cultural Sensitivity Training to enhance their knowledge base so that they will be able to effectively work with clients of different ethnic backgrounds. The agencies quality assurance program obtains feedback from clients of different ethnic backgrounds and incorporates feedback into programmatic changes. The provider agency, Alliance, Inc. is an equal opportunity employer. The agency employs individuals of various ages, genders, and racial/ethnic backgrounds as well as individuals with

disabilities. The staff providing services to the target population participates in the trainings offered by The Mental Health Administration in this area. This year's conference is scheduled for the spring. The staff of the provider agency, Alliance participates in this training. The direct provider of the service has cultural diversity and sensitivity trainings. Annual consumer satisfaction surveys also focus on this area.

6. Describe how persons who are homeless and have serious mental illnesses and any family will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The consumers and family members will be involved in the following ways: A consumer advocate staff position on the outreach team. Direct service staff are encouraged and assist the individuals to maintain connection with family members, or to re-connect when the client wishes to do so. Families are included in the planning and development process for participant goals, as well as programmatic goals. The provider conducts annual surveys to solicit feedback from families and incorporate this into the provider's strategic planning. Families play major roles on advisory, fundraising, and community activities of the provider agency, Alliance, Inc. Families assist in policy making and hold positions on the provider's governing board. The provider works closely with National Alliance for Mental Illness and the Mental Health Association, and has a close relationship with the Harford County peer support group, SPIN (Support Peer Independence Now). The agency employs as staff individuals with disabilities.

7. Provide a budget narrative that provides details regarding PATH Federal and match (i.e., State and local) funds.

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED	TOTAL
Case Manager	44,000	0.25	11,000	11,000
Case Manager	28,217	0.75	21,163	21,163
Case Manager	37,000	0.50	18,500	18,500
Case Manager	36,000	0.50	18,000	18,000
Fringe				-
Travel				-
Equipment				-
Supplies				-
Contractual				-
Construction				-
Other/Training				-
Total Direct Costs			68,663	68,663
Indirect Costs			2,861	2,861
TOTALS		2.00	71,524	71,524

8. Indicate at least three outcome goals you will use to measure the effectiveness or PATH funded services (State Requirement).

Outcome Goals:

- a. Residential Stability
 - 80% of all clients will have been placed in permanent housing within 4 months.
 - 60% of clients will remain in their housing six months after placement
- b. Increased Skill Level /Income
 - 95% of participants will apply for benefits within 30 days
 - 75% of participants will have increased their job skills or incomes within one year
- c. Greater Self-Determination
 - 100% of participants will actively engage in the development of their Service Plan
 - 75% of participants will participate in an annual evaluation of the program.

Howard County Intended Use Plan

Grassroots Crisis Intervention Center
Federal Fiscal Year 2010 Maryland Project for Assistance from Homelessness
State Fiscal Year 2011

Intended Use Plan

1. Provide a brief description of the provider by organization receiving PATH funds including name, type of organization, services provided by the organization and region served.

The Howard County Mental Health Authority will receive PATH funds and will contract with Grassroots Crisis Intervention Center, the provider of PATH services in Howard County.

Type of Organization – Grassroots, a private non-profit agency, provides crisis intervention services and emergency shelter to the homeless. During FY 09, Grassroots provided 100 people with 17,102 nights of shelter. Thirty-two percent of the 100 adults served had a major psychiatric diagnosis and 42% had significant substance abuse issues. In addition, 83 families received placement of up to 15 days at area motels. During the same period, 3,163 requests for shelter were turned away due to lack of space.

Region Served – Services will be provided in Howard County, Maryland. Howard County is a mix of urban and rural with a population of 274,995 people. It is an affluent county with a median income of \$101,867. However, poverty does exist in the county and people are in need of assistance. The cold weather shelter, which operated from November, 2009 to March, 2010, served 74 people. The Day Resource Center, which provides food, showers, and access to services to people living on the streets or in their cars, serves an average of 60 people each day. The Point In Time survey conducted on January 26, 2009 found 174 sheltered and unsheltered homeless persons. Twenty-three percent were chronically homeless.

2. Indicate the amount of PATH funds the organization will receive.

The Howard County Mental Health Authority will receive \$35,478 in federal PATH funding in FY 10.

3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including:

a. The projected number of enrolled clients who will receive PATH-funded services in Federal Fiscal Year (FFY) 2010. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e. living outdoors or in an emergency shelter rather than at imminent risk of homelessness.

It is estimated that the case manager will provide intensive case management services to 25 people. One hundred percent of those served will be “literally” homeless.

b. List the services to be provided, using PATH funds.

- a. development of a case plan for homeless individuals, and regular review of the plan;
- b. assistance in obtaining and coordinating support services, including mental health and addictions treatment;
- c. assistance in obtaining housing resources;
- d. assistance in obtaining entitlements;
- e. referral for other appropriate services.

c. Community organizations that provide key services (e.g. primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with these organizations;

Referrals for shelter come from various sources, including the Department of Social Services, Detention Center, Police Department, school system, and other helping agencies. The shelter staff provide 24 hour supervision and supportive services to all clients. Transportation to case related appointments and work is available.

Our volunteer physician and nurse practitioner are available to see clients and perform basic health screenings. The PATH case manager helps clients without insurance apply for medical assistance and PAC. Referrals are made to Chase Brexton Clinic for ongoing care. The Health Department’s Addictions Center provides evaluation, outpatient treatment, and access to inpatient treatment. The Mental Health Authority can cover the cost of psychiatric medication for the uninsured.

PATH eligible clients are referred to the Shelter Plus Care program. Referrals for residential placements are made through the Mental Health Authority. Clients are also placed on waiting lists for subsidized housing. Several nonprofits can assist with first month’s rent. Community Action Council can enroll clients in MEAP.

Our in-house employment counselor provides individual counseling and assistance with resumes for clients who want to enter the workforce or obtain better employment. Volunteer opportunities are explored for those who may not be ready for paid employment. Howard County Workforce Partners assist residents with job leads. Howard Community College offers GED classes. Residents are also referred to DORS for evaluation and employment services.

d. Gaps in the current service system;

Affordable housing is very scarce in Howard County. Some subsidized housing programs will not accept clients with criminal backgrounds. Many of our clients have criminal convictions.

There is a long waiting list for clients who need supervised housing, especially for women. These programs do not accept families. As a result, many PATH eligible clients stay in our shelter for long periods of time.

Accessing ongoing medical care for clients without insurance continues to be a challenge. Our volunteer physician can prescribe medication but the high cost of some prescriptions can be prohibitive. It is taking longer for PAC applications to be processed.

e. Services available for clients who have both a serious mental illness and substance abuse disorder;

Every adult entering the shelter receives a drug assessment as part of the intake process and is drug tested. The case manager refers clients to the Health Department's Addiction Center for further evaluation if needed. Clients may enter outpatient treatment or an inpatient treatment facility depending on the severity of the problem. Transportation to AA and NA meetings is provided by staff.

f. Strategies for making suitable housing available to PATH clients (e.g. indicate the type of housing usually provided and the name of the agency that provides such housing);

Clients are referred to special disability housing programs administered by the Department of Citizen Services and to the Housing Office for housing vouchers. We also make referrals to the Shelter Plus Care Program which is administered by the Mental Health Authority. The case manager refers appropriate clients to residential rehabilitation programs operated by Humanim, Way Station, and Main Street Housing. She also attends Community Services Housing Team meetings which are facilitated by staff at the Mental Health Authority.

4. Describe the participation of PATH local providers in the HUD Continuum of Care Program and any other local planning, coordinating, or assessment activities.

Grassroots' staff participates on the Committee to End Homelessness which develops the Continuum of Care. Staff is also involved in the development of the County's Plan to End Homelessness and participates in the Point-In-Time survey. Grassroots is part of the Service Point data collection system. The cold weather shelter is congregation based and moves from congregation to congregation on a weekly or bi-weekly basis, under the overall management of Grassroots. Grassroots staff coordinate the Day Resource Center and provides case management services to the participants.

5. Describe: (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of clients; and (d) the extent to which staff receive periodic training in cultural competence.

During FY09, 29 PATH-eligible clients received case management services. Fifty-six percent of those served were male and 44% were female. Thirty-one percent were between the ages of 18 and 34 years and 69% were 35 years or older.

Grassroots maintains a diverse staff that is representative of the population we serve. Fifty-one percent are Caucasian and 49% are African American. Regular in-house training is available to staff. They are also encouraged to attend outside training and workshops. For example, the PATH case manager attended a series of three workshops on effectively working with different cultures sponsored by the Association of Community Services.

The PATH manager has served adult clients of all ages, male and female, and of diverse cultural backgrounds, for 16 years. She has demonstrated her effectiveness with a diverse population.

6. Describe how persons who are homeless and have serious mental illnesses and any family member will be involved in the organizational level of planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Shelter residents are expected to participate in daily upkeep of the shelter as well as group living meetings. They are also encouraged to help out in the kitchen or with special projects around the shelter. Family members are involved to the extent allowed by the client. All clients are asked to complete an evaluation of shelter services upon their departure from the shelter. We also work with the Mental Health Authority which includes consumer involvement on the PATH program.

7. Provide a budget narrative that provides details regarding PATH Federal and match (i.e., State and local) funds.

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED SALARY	TOTAL
Position #1	\$ 38,126	.92	35,478	\$38,126
Position #2				
Fringe (25%)	\$ 9,407			\$ 9,407
Travel	\$ 740			\$ 740
Equipment				
Supplies	\$			
Contractual	\$			
Construction				
Other/Training	\$0			
Total Direct Costs	\$ 48,273		\$35,478	\$ 48,273
Indirect Cost	\$0		\$0	\$0
TOTALS	\$ 48,273		\$35,478	\$ 48,273

Narrative: PATH funds .92 FTE for Grassroots. A total of \$35,478.

Matching funds: State match: \$ 11,795
 Local match: 159,070
 Total match: \$ 206,343

8. Indicate at least three goals you will use to measure the effectiveness of PATH funded services (State Requirement).

1. Clients will secure positive housing resolutions. Fifty percent of those served will achieve positive housing resolutions. Positive resolutions include permanent housing, supervised housing, long-term rehabilitation programs, or half-way houses.
2. Clients entering the shelter without benefits will make application for benefits. Sixty percent will make application for benefits.
3. Clients served will be in ongoing treatment. Eighty percent of those served will be in ongoing treatment.
4. Employable clients will be involved in some type of job readiness or employment. Fifty percent of those who are employable will be involved in some kind of job training or employment at discharge.

Mid-Shore Counties Intended Use Plan

MID-SHORE MENTAL HEALTH SYSTEMS, INC.
Projects for Assistance in Transition from Homelessness (PATH)
Federal FY10 (State FY11)
Intended Use Plan

1) Provide brief description of provider organization receiving PATH funds (name, type of organization, services provided and region served): Mid-Shore Mental Health Systems, Inc. (MSMHS) is the Local Core Service Agency for the Mid-Shore Counties (Caroline, Dorchester, Kent, Queen Anne's and Talbot). MSMHS is responsible for planning, managing and monitoring the publicly funded medically necessary mental health services in the region. MSMHS is a private nonprofit organization and is also the Lead Agency in the Mid-Shore region's HUD Continuum of Care Process. According to 2009 US Census Bureau estimates for 07/2009 total population for Caroline, Dorchester, Queen Anne's, Talbot and Kent Counties is 169,877. The region spans 1,799 square miles consisting of farms, forest and waterfront with no major cities or population centers. The following are the median incomes based on estimates for 2008 (US Census Bureau data updated 11/2009): Caroline \$54,934; Dorchester \$43,288; Kent \$52,934; QA \$77,686; Talbot \$62,206; Maryland \$70,482. Four of the counties in this region have median incomes that are below the state average. In 2008/2009 another major employer in the region closed and moved out of Dorchester County leaving almost 300 people, in some cases two in a family, unemployed. According to the Bureau of Labor Statistics, three of the region's counties (Caroline, Dorchester and Kent) have higher unemployment rates reported in February 2010 than the national average of 10.4% with the highest being Dorchester with 12.9%. The remaining two counties unemployment rates are higher than the Maryland state average of 8.3%. The PATH Outreach Case Management is currently provided through Crossroads Community, Inc. (CCI). CCI provides a full array of psychiatric rehabilitation and case management services to adults and children throughout five mid-shore counties on Maryland's Eastern Shore. Additionally, CCI provides Permanent Supportive Housing for the homeless with a mental health disability. With PATH funding, CCI employs 0.7 FTE to identify and provide case management for the homeless population in the region. Members of CCI staff are actively participating in the regional (9 counties of the Eastern Shore) SOAR Initiative planning process and if funds were to become available and additional benefits focused case manager would be added to the team providing services to the PATH eligible consumer. For fiscal year 2011, this program will be going through Request for Proposal (RFP) process as routinely scheduled according to procurement practice. It is anticipated that there will be some changes outlined in the RFP document that will include the position funded by this program be increased to 1.0 FTE and that the provider work with the CSA to utilize additional housing resources that have become available through the Community Alternatives Framework (CAF) funds that include transitional and bridge housing for the homeless. For FY11, the budget will be modified so that the funds set aside for security deposits and first month's rent will be moved to staffing and the funds for these items will come from the CAF or existing client support funds.

2) Indicate the amount of federal PATH funds the organization will receive: MSMHS will receive \$52,624 in PATH funding.

3a) What is the projected number of clients who will receive PATH services in FY10. Indicate percentage of clients "literally" homeless (living outdoors, emergency shelters): Based on the numbers of homeless identified and served by the PATH program in prior years, it is estimated that this program will identify 80 individuals who meet the criteria, and serve 75% (60) of these. Also, it is estimated that 30% (18) of these consumers are "literally" homeless – living either outdoors on the street or in Short Term Shelters. The remainder of the homeless encountered are either in eminent risk of losing their housing, causing a burden on family due to their illness or "bouncing" from place

to place without a fixed night-time residence and unable to get into the limited shelter beds available in the region. Due to the limited staff time funded by the project, many homeless individuals remain unidentified. Many more are lost after initial contact because staff is unable to provide them with immediate housing needs. Due to lack of affordable housing or access to sufficient income to maintain housing consumers often become disengaged from case manager.

3b) Services to be provided by PATH Funds: The PATH funding will provide 1.0 FTE – Outreach Case Manager to create necessary connections with the homeless population in the five Mid-Shore counties. The Outreach Case Manager will network with the region’s shelters, state agencies, mental health providers and other grass roots organizations to connect consumers with the treatment, obtain benefits and secure housing with which they can become independent. As part of the Outreach Case Management position, they will extend a brief amount of training to shelter staff regarding mental illness and the available resources and programs within our area along with the referral process. The Outreach Case Manager will assist MSMHS in more accurately evaluating and predicting the rate of homelessness within our region. They will report the number of homeless consumers through personal contact and shelter reports and designate how many of the homeless consumers they contacted had mental illnesses. They will report on what issues concerned the PATH eligible consumers, what services they connected the consumers with and identify gaps in services for this population.

3c) Community organizations that provide key services to PATH eligible clients: MSMHS currently has collaborative relationships established with the following organizations within the region that will not be supported by PATH but provide services and housing to PATH-eligible consumers. We collaborate with these agencies daily to provide and coordinate support for consumers. Additional Crisis Response and Program Enhance Services have been developed in FY10 and will continue in FY11. These projects include Mobile Crisis Teams, Assertive Community Treatment, Urgent Care Clinics and enhancements to existing programs. Many of these agencies are participating with MSMHS in the Regional Continuum of Care Consortium to address homelessness in the Region.

Local Government Agencies: Department of Social Services, Developmental Disabilities Administrations, Health Departments, Departments of Parole and Probation, County Addictions Programs

Outpatient Mental Health Clinics: For All Seasons, Inc., Delmarva Family Resources, Marshy Hope Family Services, Caroline County Mental Health Clinic, Choptank Community Health Systems, Corsica River Mental Health Services, Inc., Eastern Shore Psychological Services, Kent County Behavioral Health and Maple Shade Youth and Family Services.

Intensive Outpatient Programs: Shore Behavioral Health, Delmarva Family Resources and Eastern Shore Psychological Services.

Psychiatric Rehabilitation Programs: Crossroads Community, Inc. and Channel Marker, Inc.

Dual Diagnosis/Co-Occurring Treatment Facilities: Warwick Behavioral Health Systems, Inc. and Whitsit Center

Local Hospital ER's: Chester River Health System, Shore Health Systems (Easton Memorial, Dorchester General)

Community Organizations : Emergency Shelters, Salvation Army, Ridgeway House, St. Martin’s Barn, Samaritan House, Cold weather shelters in all counties, Faith Based Organizations, Local Grass Roots Organizations.

Employment Resources: Supported Employment programs through Crossroads Community, Inc., Channel Marker, Inc., STEP, Inc., Department of Rehabilitation and Job Search centers with each counties DSS.

Housing Programs: Residential Rehabilitation Programs, Main Street Housing, Shelter Plus Care Programs, Supported Housing and Chronic Supported Housing programs.

Mental Health Targeted Case Management: Crossroads Community, Inc. Targeted Case Management

Peer Support/Wellness and Recovers: Chesapeake Voyagers, Inc.

3d) Gaps in current service systems: Due to the rural area our consumers face barriers in accessing services, treatment and employment. Through our needs assessments and planning processes, MSMHS and the Roundtable on Homelessness have identified the following needs and gaps in services within the Mid-Shore: affordable and safe housing; transitional and year round shelter beds, crisis beds, respite beds, dual diagnosis/co-occurring disorder treatment and transportation. MSMHS has established collaborative relationships with many state agencies and local organization to address the lack of affordable housing and transportation within our region. MSMHS has secured approximately \$ 4 million through the HUD Continuum of Care to address homelessness in the mid-shore region. These funds provided an increase of more than 40% in permanent housing units (56 units for individuals and families throughout the 5 county region) for homeless, mentally ill consumers on the mid-shore. Currently, MSMHS has initiatives to continue development of affordable housing, supportive housing and collaborate with many partners to develop needed services through the Community Alternatives Framework project.

3e) Services available for clients who have both a serious mental illness & substance abuse: In cases where the clients have both a serious mental illness and substance use disorder, the Outreach Case Manager will connect consumers to the existing addictions programs, substance abuse centers for screening, assessment and treatment along with dual diagnosis groups which are occurring in most counties on the Mid-Shore. MSMHS continues to work with local addictions programs to develop a comprehensive approach to treatment for individuals with co-occurring disorders including co-occurring residential rehabilitation beds.

3f) Strategies for making suitable housing available to PATH clients: The Outreach Case Manager will network with and refer consumers to community low income or income based housing projects, voucher based housing, psychiatric residential programs, transition housing projects, and care homes. They will also network and refer to specially funded projects such as the MSMHS Shelter Plus Care, Crossroads Community, Inc.'s Supportive Housing and Main Street Housing who provide housing subsidies and/or affordable housing for mental health consumers. Crossroads Community, Inc. Supportive Housing projects are 100% filled with consumers identified through the PATH program.

4) Describe participation of PATH local providers in the HUD Continuum of Care and other local planning, coordinating or assessment activities: MSMHS is the Lead Agency for the HUD Continuum of Care to address homelessness within our region. As a result, to date, the region has secured over \$4 million to provide Permanent Housing Projects, Supportive Housing Projects and Homeless Management Information Systems. Additionally, Crossroads Community, Inc., the agency that provides the Homeless Outreach is a major participant and benefactor of the COC efforts. Additionally, MSMHS will partner with local housing authorities to apply for new housing choice vouchers for non-elderly persons with a disability to create movement in the current system to open units and to create set aside units for the homeless population identified by the PATH case manager.

5) Describe: a) demographics of client population; b) demographics of staff serving clients; c) how staff will be sensitive to age, gender and racial/ethnic differences of clients; and d) extent to which staff receive periodic training in cultural competence: From data reported from PATH in FY09, 54% of clients were Caucasian and 44% were African American; 45% of clients were male and 55% were female; 30% of clients were between 18-34 years old, 47% were between 35-49 years old and 23% were over 50 years old. There were 21 that were literally homeless; on the streets or in short term shelter at the time of first contact. The staff providing PATH Outreach Case Management Services is an African American female between the ages of 35-55 years old. The agency

providing case management also employs staff that is educated in dialects of Spanish and French. The Outreach Case Manager has significant training and experience working with different people and will participate in trainings on ethics, cultural competency and cultural sensitivity offered by CCI, MHA, MSMHS or other approved sources. The staff is bound by non-discrimination policies and a code of ethics enforced by disciplinary action if needed. They are taught to take into consideration different cultural backgrounds and how to obtain resources, such as translators or clergy, to take care in meeting the consumer's needs and culturally based preferences.

6) Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organization level in the planning, implementation and evaluation of PATH-funded services. Are persons who are PATH eligible employed as staff or as volunteers? Do persons who are PATH eligible serve on governing or formal advisory boards? The Outreach Case Manager would take a "person centered" planning approach, as all of our case management programs do. They will develop service plans with the consumer, not for the consumer, and will invite the consumer to involve family and significant others in their planning process and implementation process. Homeless or formerly homeless consumers are invited and encouraged to participate in the regional Continuum of Care. We have had several formerly homeless consumers who have participated and volunteered in the COC process. Input from homeless and formerly homeless consumers is also gathered through facilitation of focus groups and surveys facilitated by the COC. The PATH program also administers consumer satisfaction surveys for consumers served by PATH. There are no PATH eligible consumers currently employed by MSMHS or the providing agency; however each agency is required to have consumer membership on their board of directors. MSMHS facilitates a formal advisory board called the Consumer Council. This council has consumers who either have been homeless or at risk of homelessness as participants.

7) Provide a budget narrative that provides details regarding PATH Federal and match (i.e., State and local) funds.

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED SALARY	TOTAL
Position #1	\$28,500	1	\$28,500	\$28,500
Fringe (25%)	\$7,125		\$7,125	\$7,125
Travel	\$3,798		\$3,798	\$3,798
Equipment				
Supplies				
Contractual	\$0		\$0	\$0
Construction				
Other/Training	\$11,177		\$11,177	\$11,177
Total Direct Costs	\$50,600		\$50,600	\$50,600
Indirect Cost	\$2,024		\$2,024	\$2,024
TOTALS	\$52,624		\$52,624	\$52,624

The match for the PATH project is collaborations with other programs that are providing additional assistance to the clients served by the project and by the provision of rental assistance of the Supported Housing Programs (SHP). The staff of the Jail Mental Health program, TAMAR program and the Forensic Case Management teams have provided homeless case management to their clients while administering their own programs. When these services cannot be completed by linking the client with services and housing, then the client is referred to the PATH Case Manager. There were 16 clients identified as served by other programs with homeless and

housing needs during FY10 and this number is slightly lower than actual as the Jail programs are not recording their information in the HMIS system. The SHP administered by Crossroad Community, Inc. has 21 units of housing that are filled by enrolled PATH clients only and the budgets for these programs total \$245,366 with rental assistance and supportive services. Additionally in FY11, the Community Alternatives Framework program that will address housing will partner with PATH Case Management for placement of up to 8 clients in emergency and/or transitional housing.

8) Indicate at least three outcome goals which will be used to measure the effectiveness of the PATH funded services:

1. 80 homeless individuals will be identified through outreach/referrals.
2. 75% of individuals identified through outreach/referrals will be enrolled as PATH consumers.
3. 100% of individuals enrolled in the PATH program, that are not already connected, will be referred to mental health services either by PATH Case Management or other case management services (Targeted or Rehabilitation Specialist).
4. 75% of individuals enrolled in the PATH program will be referred to SHP, Shelter Plus Care, Section 8 or other types of housing programs either by PATH Case Management or other case management services (Targeted or Rehabilitation Specialist).

**Montgomery County
Intended Use Plan**

Montgomery County, Maryland, Department of Health and Human Services (DHHS), Mental Health Core Service Agency (CSA)
Federal Fiscal Year 2010 Projects for Assistance in Transition from Homelessness (PATH)
(State Fiscal Year 2011)

1) Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region service.

The applicant organization is the Montgomery County, Maryland, Department of Health and Human Services (DHHS), Mental Health Core Service Agency (CSA). The CSA is responsible for the planning, management, and monitoring of mental health services for seriously, emotionally disturbed (SED) children/adolescents, and adults/seniors with serious and persistent mental illness (SPMI). This includes persons with co-occurring substance abuse disorders, homeless persons with SPMI, and persons who have been incarcerated and/or are on conditional release. As the state-mandated local mental health authority, the CSA will continue to plan, manage, and monitor mental health and co-occurring substance abuse services. Montgomery County is an area that incorporates elements of urban, suburban, and rural lifestyles. It remains the most populous jurisdiction in the State of Maryland and is the second largest jurisdiction in the Washington metro region. The homeless population in Montgomery County is estimated to be 4,000 individuals with approximately 1000 of those having mental illness and/or substance abuse disorders. An estimated 20% of the individuals in the jail are diagnosed with mental illness and/or substance abuse, with 10% of that figure being female. The CSA partners with the Volunteers of America Chesapeake Region and Behavioral Health and Crisis Services (of Montgomery County DHHS) Community Case Management Services to administer the PATH funding. This strong collaboration helps individual consumers and providers at the local level identify problematic issues; strategize cost effective proposals for local and statewide initiatives; track and analyze data reports; and work toward better outcomes. The Montgomery County FY 2011 recommended budget is awaiting approval. The current contract with Volunteers of America Chesapeake region may be terminated as of June 30, 2010. If the contract is terminated in the approved budget, we will issue a request for proposals (RFP) in Fiscal year 2011.

2) Indicate the amount of Federal 2009 PATH funds the organization will receive.

The Montgomery County Mental Health Core Service Agency will receive \$115,588 federal Path funds.

3) Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients including.

a. The projected number of clients who will receive PATH-funded services in FY 2010.

Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

The number of individuals to be served in FY '10 will be 300. Approximately 70% of the individuals to be served will be literally homeless. 30% of the individuals to be served would be those identified as homeless prior to their incarceration.

b. List services to be provided, using PATH funds.

Services will be provided on the streets, at emergency shelters, day programs, soup kitchens and to those on the psychiatric crisis intervention unit and in the general population at the Montgomery County Correctional Facility (MCCF) in Clarksburg, MD. The services provided will include outreach, engagement, linkage to mental health and co-occurring treatment, case management (e.g. applying for entitlements, housing, rehabilitation, and supported employment), as well as all other viable services that support recovery and reintegration into the community.

In addition to the above services, the PATH funded staff will continue to travel between the correctional facility in Clarksburg, administrative office in Rockville, and throughout Montgomery County community. This key component of the work will necessitate interfacing with a variety of public and private providers/agencies in the Montgomery County community, with and on behalf of the individuals.

Services will be delivered through a collaborative partnership between the CSA and the Department of Corrections to employ a full-time community integration specialist and a part-time community integration specialist to serve those individuals in the psychiatric crisis intervention unit and general population (primarily women) of the jail who will be and were homeless prior to incarceration.

Staffing: Behavioral Health Technician/Counselor – 1 FTE

Homeless Outreach Case Manager - .4 FTE

c. Describe community organizations that provide key services (e.g. primary health, mental health, substance abuse, housing, employment) to PATH eligible clients and describe the coordination with those organizations.

PATH supported services are an integral part of the service delivery system for homeless mentally ill adults, including those currently incarcerated in Montgomery County. Areas that provide PATH related support services within Montgomery County Department of Health and Human Services include: *Behavioral Health and Crisis Services* (BHCS), Behavioral Health and Crisis Services mission is to foster the development of a comprehensive system of services to assist adults and children in crisis, or with behavioral health needs. BHCS includes the Criminal Justice and Behavioral Health Initiative which provides temporary psychiatric services, and temporary psychiatric stabilization via the Clinical Assessment and Triage Service located within the detention center. Access to Behavioral Health provides access to treatment services available in the Public Mental Health System since PATH clients meet priority population. Adult Addictions Services provides a continuum of care for substance use and co-occurring disorders both outpatient and residential; *Public Health Services* – functions are to protect and promote the health of County residents via monitoring, implementing prevention and intervention strategies, and providing individual and community level health education; *Special Needs Housing and Emergency Services* – seeks to develop affordable housing options for homeless and at risk individuals and provides financial assistance to alleviate or prevent primarily housing-related crisis situations for County residents; and the *Department of Corrections* – mission is to protect the public and citizens of Montgomery County by providing a wide range of constructive, professional correctional services for pre-trial and convicted detainees. In addition, PATH funded services are interwoven within the array of service providers in the Public Mental Health System; these include, but not limited to, outpatient mental health and co-occurring treatment, psychiatric/residential rehabilitation, assertive community treatment, targeted case management, and partial hospitalization programs.

d. Gaps in current service systems.

Current gaps in services identified in Montgomery County continue to include:

- available, affordable housing such as single-room occupancy dwellings, which has flexible criteria for PATH adults involved in the criminal justice system,
- available, affordable housing for individuals with criminal records,
- year-round emergency shelter placement for the homeless SPMI or co-occurring disorder adults and services and supports in accessing urgent needs for shelter, food and medical attention,
- ability of individuals to afford special-need items that are outside the public mental health system's fee-for-service system, i.e. dental care, optometry services, medical equipment, etc.,
- long-term case management services to the most vulnerable consumers (many of whom are "high-end users" of the hospital emergency rooms and/or have been terminated from a number of community programs), for continuity of care, and
- 24-hour supervised, supportive residential environment (1–3 months) that offers consumers with complex issues the opportunity to stabilize on medication, develop a therapeutic trusting relationship, and have the time to develop and implement an individualized service plan that consumers have agreed to participate in and work on,

- integration of psychiatric and somatic care in all Outpatient Mental Health Clinics (OMHCs), and for services provided to the Homeless,
- better coordination of services and funding to support people exiting from acute inpatient psychiatric hospitals, release from incarceration, and/or entry into the homeless system of care,
- expand treatment capacity of the Adult Drug Court Treatment Program; Support continued grant funding from the Governors Office of Crime Control and Prevention (GOCCP),
- Ongoing screening and treatment for mental health and substance abuse problems for the homeless population,
- Establish Evidenced Based Practices for Co-Occurring Disorders and offer enhanced fee for service reimbursement system for providers using this model.

e. Services available for clients who have both a serious mental illness and substance abuse disorder.

Montgomery County Behavioral Health and Crisis Services have a formal policy entitled “Welcoming of Consumers with Co-Occurring Substance Use and Mental Health Disorders”. This policy established a protocol requiring that all clients accessing services be screened for co-occurring disorders. The screening gives providers additional information so they may assist clients in addressing their needs. Montgomery County continues to provide treatment services utilizing current American Society Medical Placement Criteria (ASAM PPC-2R), and Ken Minkoff’s Four Quadrant Model which is a viable mechanism for categorizing individuals with co-occurring disorders for purposes of service planning and system responsibility. Finally, a local Psychiatric Rehabilitation Program serving adults with mental illness, many of who have been homeless, has implemented an Integrated Dual Diagnosis Treatment program at its agency for treating individuals with co-occurring substance abuse and mental health disorders.

f. Strategies for making suitable housing available to PATH clients (e.g. indicate the type of housing usually provided and the name of the agency that provides such housing).

The CSA will continue to partner with the Department of Housing and Community Affairs, the Maryland-National Capital Park and Planning Commission, the Housing Opportunities Commission, and non-profit housing developers to explore the development of new housing. Montgomery County has a Housing First model which provides additional opportunities for housing for PATH clients. The Housing First program provides 75 subsidies for individuals and 75 subsidies for families. Housing is provided to homeless families regardless of whether they receive behavioral health services or not, and support services are arranged for clients who want or who are in need of such services.

The CSA has developed significant partnerships with public sector and private sector housing providers. Through its partnership with HOC, the CSA continues to provide service and funding match for 47 Shelter Plus Care and 35 McKinney housing units. These housing units are secured with U.S. Department of Housing and Urban Development (HUD) funding using non-PATH dollars required for HOC to be able to secure the federal housing grants. PATH consumers have been placed in, and will continue to be considered for, these housing programs. In addition, there are 22 “New Neighbors” slots that is also a Shelter Plus Care program. This particular program is sponsor-based, permanent supportive housing and can serve 22 chronically homeless individuals with a disability in 13 scattered site apartments. Consumers are also assisted in applying for housing choice vouchers, when available. There are 11 units provided by a partnership with the State Mental Hygiene Administration, Montgomery County’s Department of Housing and Community Affairs, and the Coalition for the Homeless **for mentally ill adults who were formerly homeless**. These additional units allowed even more individuals who were formerly homeless to live in safe and comfortable affordable housing. Further, the CSA is in early discussions with a local affordable housing program that is seeking to design an affordable housing building that would provide 35 units. When completed, this project would provide units to homeless

individuals or allow residential rehabilitation programs to move clients into those units thereby freeing up sorely need supervised housing slots for homeless individuals.

The CSA will continue to partner with the residential rehabilitation programs (RRPs) to ensure that PATH-funded consumers have access to these residential services. Another housing option unique to Montgomery County is Housing Unlimited, Inc.; a non-profit housing development corporation that PATH-funded consumers are referred to by the CSA. HUI currently operates 42 properties serving 126 residents. Many of these residents were formerly homeless and several are PATH-funded consumers who were referred by the CSA.

Nevertheless, so often the homeless shelters are the only available option upon release from the correctional system. In addition, current HUD guidelines indicate "chronic homelessness" as being incarcerated less than 30 days, and on the "streets" for 12-months. This criterion possesses a barrier for many of the incarcerated clients when court dates are not completed within a 30-day time frame. The Montgomery County Coalition for the Homeless along with several other private agencies provide a range of affordable housing opportunities for homeless individuals (including the Montgomery County Coalition for the Homeless Creative Initiative Pilot Project that provides affordable housing for individuals who are high cost users of the public mental health system. High cost users are defined as individuals who experience frequent hospitalization and frequent incarceration). This pilot project was launched to demonstrate the effectiveness of permanent supportive housing. CHIPP provides 16 individuals with one-bedroom condominiums, case management, and supportive services. CHIPP criteria are flexible and allows for clients being released from incarceration to be eligible. Other Montgomery County Coalition for the Homeless programs also seeks to move homeless individuals into permanent housing, including PATH clients.

Despite all the efforts outlined above to house them, serious and persistently mentally ill consumers have difficulty locating housing, and connecting with and maintaining linkage to community-based treatment services. Unfortunately, stable housing barriers still include consumers' lack of personal identification documents, insufficient income, lack of affordable housing, and legal status.

4) Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating, or assessment activities.

The local PATH providers, including HHS and the Volunteers of America, participate in the bi-weekly Homeless Adult Teaming meetings. The purpose of Homeless Teaming meeting is: to coordinate services between programs that serve homeless individuals; discuss new best practices and strategies and how they fit into the Montgomery County Continuum of Care; strategize about current issues such as providing emergency shelter in the winter; sharing information between programs; and problem solving discussion regarding difficult to serve clients.. Additionally, a CSA representative participates annually on the HUD SUPERNOFA rating committee; the CSA meets regularly with Housing Opportunities Commission in development of housing opportunities for consumers; and the CSA interfaces regularly with the supported employment providers in Montgomery County. The Montgomery County Provider Council that meets every other month assists the CSA in identifying service needs, planning for mental health and co-occurring disorders consumers, information exchange and networking.

5) Describe:

a) the demographics of the client population.

The clients to be served range in age from 18- < 75 years old. In FY 09 34% of participants were between 18-34 years, 42% were between 35-49 years, 20% were in the 50-64 age range, and the remaining 4% were 65 or older. 71% of the participants were male and 29% were female. When comparing ethnicity, 50% of participants were African-Americans, 35% were Caucasian, 7% were Hispanic, and the remaining 8% were of other various ethnic groups. Regarding mental health diagnosis

of participants, 27% of participants were diagnosed with schizophrenia and related disorders, 25% were diagnosed with affective disorders, 23% were diagnosed with other psychotic disorders, 18% were diagnosed with personality disorders, and 7% were diagnosed with other serious mental illness or personality disorders. It is interesting to note that 42% of participants were diagnosed with co-occurring substance abuse disorders. Only 5% of participants were veterans. Regarding housing status at first contact, 36% were in jail or a correctional facility, 11% were in short term shelters, 7% were in long term shelters, 35% were living outdoors, 5% owned or lived in someone else's apartment, room, and the remaining 6% lived in a hotel, halfway house or institution other than jail. Of the participants who had been living outdoors or in short term shelter at first contact, 2% had lived outdoors or in short term shelter less than two days, 31% of those individuals were living outdoors or in short term shelter from 2 – 30 days, 35% had been living outdoors or in short-term shelters from 31-90 days, 6% from 91 days to 1 year, 10% over 1 year, and 19% it was unknown how long they had lived outdoors or in a short-term shelter.

b) The demographics of the staff serving the clients.

The staff range in age from late 20's -68 years old. Racially the staff is composed of individuals who are African American, Hispanic, African, and Caucasian.

c) How staff providing services to the target population will be sensitive to age, gender and racial/ethnic differences of clients.-

As part of orientation, on-the-job supervision, and agency policy, PATH-funded workers will have ongoing sensitivity training to age, gender, and racial/ethnic differences of clients.

d) The extent to which staff receive periodic training in cultural competence.

PATH funded staff will continue to attend cultural competency, age and gender sensitivity trainings offered through Mental Hygiene Administration and Montgomery County. PATH-funded staff will be able to access trainings and educational opportunities offered through Montgomery County Continuous Learning Center, the Department of Health & Mental Hygiene, and the Coalition for the Homeless and the Mental Health Association.

6) Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or as volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards? Consumer and/or family members on the Mental Health Advisory Committee (MHAC) total between 3-5. The MHAC works closely with the CSA on system planning, development, and evaluation. In fact, the current Chair of the Mental Health Advisory Committee is a consumer. The consumer wellness and recovery centers, located in the down-county region of Montgomery County (Silver Spring/Wheaton), and the On Our Own of Montgomery County (OOO) facility, located in Gaithersburg, serve over 400 consumers annually. These consumer-run organizations play a vital role providing individuals that sit on steering committees, thus allowing significant input specific to system change and improving the mental health system in Montgomery County. Some of those consumers have a history of homelessness. The CSA's Office of Consumer Affairs (OCA) continues to encourage the involvement of consumers, families, and advocates in planning efforts. The OCA staff representative has a history of homelessness, and participates in various State committees focused on advancing the interests of consumers. The OCA maintains an inclusive environment and continues to seek out opportunities for consumers who need services and/or can be invited to be part of the systems changes.

Consumers and family members will continue to be invited to participate in trainings offered by the Mental Hygiene Administration, American Psychiatric Systems, On Our Own of Montgomery County, and the National Alliance for the Mentally Ill. Family members, friends, and advocates are invited to be part of the service planning process. Consumer and family representatives are members of the Montgomery County Provider Council facilitated by the CSA.

7) Provide a budget narrative that provides details regarding PATH Federal and match (i.e., State and local) funds.

POSITION	ANNUAL SALARY	PATH FUNDED FTE	PATH FUNDED SALARY	TOTAL
POS#1				
Personnel	\$74,423	0.85	\$63,260	\$74,423
Fringe			\$31,316	\$31,316
POS#2	\$66,267	<u>0.17167</u>	\$11,376	\$66,267
Fringe			\$2,956	\$2,956
POS#3	\$100,521	0.00	\$0	\$100,521
Fringe				
Travel				
Equipment				
Supplies				
Contractual			\$4,817	\$4,817
Construction				
Training				
Insurance				
Other (Workmen's Comp)			\$1,863	\$1,863
Other				
Total Direct Costs	\$241,211		\$115,588	\$282,163
Total Indirect Costs	\$0		\$0	\$0
Total Program Income	\$241,211		\$115,588	\$282,163

8) Indicate at least three outcome goals you will use to measure the effectiveness of PATH-funded services.

Outcome/Performance Measures

1. PATH funded consumers will complete the paperwork for entitlements and/or receive appropriate entitlements.	Target 65%
2. PATH funded consumers will participate in case management and/or treatment services, and/or obtain meaningful employment and/or other daytime activity.	75%
3. PATH funded consumers will obtain more stable housing arrangements other than emergency shelters.	30%